

Aprica, Italy - Ski Trip EASTER 2018
Student Details

DETAIL	PLEASE FILL IN ALL DETAILS BELOW ACCURATELY				
First & Middle Names *(as shown on passport)					
Surname *(as shown on passport)					
DATE OF BIRTH					
Tutor Group					
Home address					
Shoe Size (European & UK)					
Height in centimetres (cm)					
Weight in Kilograms (kg)					
Circumference of Head in centimetres (cm)					
PASSPORT NUMBER					
PASSPORT EXPIRY DATE *For insurance reasons, your daughters' passport must have 6 months remaining from return date of the trip. If this is NOT the case you will have to renew ASAP!					
HEALTH CARD Number (E111/EH1C)					
HEALTH CARD (E111/EH1C) EXPIRY DATE *For insurance reasons, your daughters' EHIC CARD must have 6 months remaining from return date of the trip. If this is NOT the case you will have to renew ASAP!					
SKIING ABILITY (please circle)	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">BEGINNER</td> <td style="text-align: center;">INTERMEDIATE</td> </tr> <tr> <td style="text-align: center;">ADVANCED</td> <td></td> </tr> </table>	BEGINNER	INTERMEDIATE	ADVANCED	
BEGINNER	INTERMEDIATE				
ADVANCED					
Any Experience of Skiing (e.g. lessons, family holiday)					

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<p>Rooming Please give the names of two people you would like to share a room with. I will try and accommodate all requests and will give preference to those who return the form the first. We will also take into consideration the age bands.</p>	<p>PERSON 1: _____ FOR M: _____</p> <p>PERSON 2: _____ FOR M: _____</p>
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MEDICAL/DIETARY	
Doctors Name	
Doctors Practice & Address	
Doctors Telephone Number	
<p><u>Medical Conditions</u> Please give details, if your daughter has any medical conditions/special requirements or medication that they must take (for example asthma, epilepsy, diabetes, allergies). <u>The teachers will not be allowed to dispense ANY medicine you don't authorise to give.</u></p> <p><u>Please supply any medicines your daughter needs to take labelled with name and frequency.</u></p> <p><u>Travel sickness tablets (where supplied) will be issued when appropriate</u></p>	

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<p>Please tick the appropriate boxes</p>	<input type="checkbox"/> I give my consent for Paracetamol <input type="checkbox"/> I give my consent for Ibuprofen <input type="checkbox"/> I give my consent for Immodium <input type="checkbox"/> I give my consent for DulcoEase <input type="checkbox"/> I give my consent for Antihistamine to be supplied and administered to my daughter by a First Aider. <input type="checkbox"/> I would like to be contacted first.		
<p><u>Dietary</u> Please let us know of any allergies to food you may have. Also if you are vegetarian etc. Food preferences will be accommodated where possible and a healthy diet will be provided.</p>			
	PERSON 1	PERSON 2	
	PERSON 3 (Parent/Guardian Completing Form)		
<p><u>Emergency Contact Numbers</u> Name</p>			
<p style="text-align: center;">Relationship</p>			
<p style="text-align: center;">Telephone Number</p>			

I am aware that a ski trip has potential hazards involved and I give my consent for my daughter to take part in this activity. I have ensured my daughter is aware of any risks and that she should obey any instructions given to her while on the trip by staff or instructors. I consent for any emergency treatment to be given to my daughter during the course of the trip.

Parent/Carer Signature: Date:

Please return form to Ms Wadham in the Art Department

Any other queries please contact Miss Kelly on laura.kelly@tolworthgirlsschool.co.uk